



APPLICATION FOR EMPLOYMENT

Complete and return to:
CITY OF BERKLEY
HR@Berkleymi.gov

PLEASE PRINT OR TYPE

Name _____ Today's Date _____

Complete Home Address _____

Area Code & Telephone where you can be reached _____

Driver's License Number _____ Email: _____

Position for which you are applying _____

How did you hear about this position? _____

When will you be available for work? _____

Have you ever been employed by the City of Berkley? List yes no

any friends or relatives employed by the City of Berkley _____

EDUCATION

Schools	Name & Address	No. Years Attended	Graduated (yes/no)	Degree Received	GPA	Major Areas of Study
High School						
College						
College						
Graduate School						
Other						
Other						

EMPLOYMENT HISTORY

Our ability to evaluate your experience depends largely upon the information furnished here. Please begin with your most recent position. If additional pages are necessary, copy this page and attach.

→ From _____ To _____ Beginning Salary _____ Ending Salary _____

Company Name _____

Address/Telephone _____

Your Title _____ Reason for Leaving _____

Supervisor _____ Supervisor's Title _____

Work Performed _____

May we contact this employer regarding your employment? yes no

→ From _____ To _____ Beginning Salary _____ Ending Salary _____

Company Name _____

Address/Telephone _____

Your Title _____ Reason for Leaving _____

Supervisor _____ Supervisor's Title _____

Work Performed _____

May we contact this employer regarding your employment? yes no

→ From _____ To _____ Beginning Salary _____ Ending Salary _____

Company Name _____

Address/Telephone _____

Your Title _____ Reason for Leaving _____

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May we contact this employer regarding your employment? yes no

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May we contact this employer regarding your employment? yes no

ADDITIONAL INFORMATION

List any additional information which is relevant to the position you are seeking, such as skills, training, school activities, awards, leadership positions, hobbies or personal interests.

MILITARY SERVICE

Veteran of U.S. Armed Forces? yes no

Reserve Status _____ Branch _____ Serial No. _____

Date Entered _____ Date of Discharge _____ Type of Discharge _____

Rank at Discharge _____ Major Duties _____

Service Schools and Other Special Training _____

OTHER

Have you ever been convicted of a felony? yes no

 If yes, please explain. _____

Have you ever been bonded? yes no

Have you ever been refused bond? yes no

 If yes, please explain. _____

APPLICATION CERTIFICATION

I hereby certify that all the statements I have made on this application are true and correct and I understand that misrepresentation or withholding of information requested on this application may be grounds for immediate dismissal.

Further, I understand that after a conditional offer of employment, I may be required to take a complete physical exam and/or a drug test at the expense of the City.

Further, I hereby authorize an investigation of my past employment, activities and statements contained in this application and release from all liability and responsibility all persons, companies, or corporations supplying such information. I understand that such information may include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure.

Signature of Applicant

Date Signed

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired in dismissal.

Signature _____ Date _____

2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

Signature _____ Date _____

3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

Signature _____ Date _____

4. I authorize the City of Berkeley to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the results of the drug screening test and the post offer pre-employment medical examination.

Signature _____ Date _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the City of Berkeley in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

Signature _____ Date _____

APPLICANTS FOR NON-UNION POSITIONS READ AND SIGN PARAGRAPH 7 (A). DO NOT SIGN PARAGRAPH 7 (B).

7 (A) In consideration of my employment, I agree to conform to the rules and regulations of the City of Berkley, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the City Manager of the City and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the City's employment at-will policy or about the City's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

APPLICANTS FOR UNION POSITION READ AND SIGN PARAGRAPH 7(B). DO NOT SIGN PARAGRAPH 7 (A).

7 (B) In consideration of my employment, I agree to the rules and regulations of the City of Berkley. I further acknowledge I will be on probationary status for a period determined by the Union contract and/or City personnel rules and regulations. As a probationary employee I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, except the City Manager of the City and any such agreement must be made in a signed writing directed to me personally.

I further understand that after my probationary period ends, I will be subject to the terms and conditions of the collective bargaining agreement between the City of Berkley and pertinent union. I acknowledge that no one has made any representations or statements contrary to the City's probationary at-will policy to me or about the City's economic outlook or stability either orally or in writing, and I acknowledge that no one has the authority to make such representations or statements to the contrary in the future.

Signature _____ Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including, but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

Signature _____ Date _____

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature _____ Date _____